

Frequently Asked Questions about Gonorrhea

What is gonorrhea?

Gonorrhea is a very common sexually transmitted disease (STD) which grows easily in warm, moist areas of the reproductive tract such as the uterus, cervix (opening to the uterus), and fallopian tubes in women and the urethra (urine tract) in men and women. Gonorrhea can also grow in the throat or anus.

How do people get gonorrhea?

Gonorrhea can be transmitted during vaginal, anal, or oral sex. Gonorrhea can also be passed from an infected mother to her baby during vaginal childbirth. Anyone who has ever had oral, anal or vaginal sex can be infected with gonorrhea. Re-infection with gonorrhea is possible even if a person has been treated.

What are the signs and symptoms of gonorrhea?

Most women who have gonorrhea do not have symptoms. Even when a woman has symptoms, they can be very mild or non-specific and might be mistaken for a bladder or other vaginal infection. If symptoms are present, they might include pain or burning when urinating, increased or unusual vaginal discharge, or bleeding between periods. Serious complications can develop from gonorrhea even if symptoms are mild or not present.

Men with gonorrhea might not have symptoms at all. However, some men get a burning sensation when urinating, or a white, yellow, or green discharge from the penis. Sometimes men with gonorrhea get painful or swollen testicles. Symptoms can take as long as 30 days to appear.

Both men and women with rectal (anal) or throat infections of gonorrhea might not have symptoms. However, possible signs of rectal infection include discharge, anal itching, soreness, bleeding, or painful bowel movements. Gonorrheal infections in the throat sometimes cause a sore throat.

What health risks are associated with gonorrhea?

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, gonorrhea is a common cause of Pelvic Inflammatory Disease (PID). The symptoms of PID can be very mild or very severe and can include abdominal pain and fever. PID can lead to chronic pelvic pain and can damage the fallopian tubes (the tubes that carry the egg from the ovaries to the uterus) enough to cause infertility or increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause epididymitis, a painful condition of the ducts that carry sperm from the testis. If left untreated, epididymitis can lead to infertility.

Gonorrhea increases the chances that a person will become infected with HIV if he or she is exposed to the virus. And HIV-infected people with gonorrhea are more likely to pass HIV to a sex partner than if they did not have gonorrhea. In rare cases, gonorrhea can spread to the blood or joints, a condition that can be life threatening.

Early treatment of gonorrhea can prevent these complications.

How does gonorrhea affect pregnant women?

Pregnant women with gonorrhea can pass their infection to their baby during vaginal birth. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. Treating pregnant women as soon as gonorrhea is detected reduces the risk of these complications. Pregnant women should see a health care provider for appropriate examination, testing, and treatment, if needed.

How is gonorrhea diagnosed?

A health care provider takes urine samples or swab samples from infected sites (such as the cervix, penis or anus) and sends them to a laboratory to diagnose gonorrhea.

How is gonorrhea treated?

There are a few different antibiotics that can cure gonorrhea. However, because there are some drug-resistant types of gonorrhea, additional medications may be needed. Because many people with gonorrhea also have chlamydia, another STD, antibiotics for both infections are usually given together. Persons with gonorrhea should be tested for other STDs.

All sex partners of a person diagnosed with gonorrhea should be examined, tested, and treated. Persons with gonorrhea should abstain from oral, anal and vaginal sex until they and their sex partners have completed treatment, otherwise re-infection is possible. If symptoms continue for more than a few days after beginning treatment, it is important to see a health care provider again.

How can gonorrhea be prevented?

The surest way to avoid getting or passing STDs is to abstain from any sexual contact, including oral, anal and vaginal sex. Other ways to lower the risk of getting or passing STDs include being in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected, and using latex or polyurethane condoms correctly from the beginning to the end of every sex act.

Anyone who has any unusual genital or anal symptom, such as unusual discharge, painful urination or an unusual sore or rash, should stop having sex and be examined and tested by a health care provider immediately.

All sex partners of anyone diagnosed with gonorrhea should be notified so they can be seen by a health care provider. This will reduce the risk of them developing any serious complications and will also lower the risk of re-infection. Sexual activity should not be resumed until all partners have been tested and, if necessary, treated.

Where can I get more information?

- Your healthcare provider
- New Jersey Department of Health website: www.nj.gov/health
- Centers for Disease Control and Prevention website: www.cdc.gov/std/gonorrhea/
- CDC-INFO Contact Center at:
English and Spanish
(800) CDC-INFO
(800) 232-4636
TTY: (888) 232-6348

This information is intended for educational purposes only and is not intended to replace consultation with a healthcare professional. Adapted from the Centers for Disease Control and Prevention.